

**EXHIBIT 1**

**TO DEFENDANTS' MOTION TO DISMISS  
7:07-CV-03869-HFF-BHH**

**(INCIDENT REPORT)**

## INCIDENT REPORT

UOP

0 6 0 0 0 1 4 2 4 5 9

**JUVENILES**

EVENT	INCIDENT TYPE <b>CRIMINAL DOMESTIC VIOLENCE 1ST</b>										OFFENSE COMPLETED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FORCED ENTRY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREMISE TYPE <b>28: APARTMENTS</b>		TYPE VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIG. ORG. <input type="checkbox"/> SOCI. PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.			
	INCIDENT LOCATION (SUBURB/TOWN, MAIL VILLAGE, APARTMENT AND NUMBER, STREET NAME AND NUMBER) <b>1524 PERDITA WAY THORNBLEAD PARK APTS.</b>										CLOSING INTERSECTION <b>GREER, SC</b>		ZIP CODE <b>29650</b>							
	INCIDENT DATE <b>11/4/06</b>		TIME <b>0933</b>		TO <b></b>		DATE <b></b>		TIME <b></b>		WEAPON TYPE <b>40: HANDS</b>		TIME ARRIVED <b>0952</b>		TIME COMPLETED <b>1230</b>		PATROL DISTRICT <b>03A</b>			
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) <b>LONG, DAVID</b>										RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>M</b>		AGE <b>40</b>		DAYTIME PHONE <b>244-7165 (H)</b>	
ADDRESS <b>101 BENNINGTON WAY</b>										CITY <b>GREER</b>		STATE <b>SC</b>		ZIP CODE <b>29650</b>		PATROL DISTRICT <b>03A</b>				
VICTIM	VICTIM'S NAME (LAST, FIRST, MIDDLE) <b>COBIN, LESLE, LONG</b>										RELATIONSHIP TO SUBJECT <b>H</b>		RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>F</b>		AGE <b>44</b>	
	ADDRESS <b>1524 PERDITA WAY</b>										CITY <b>GREER</b>		STATE <b>SC</b>		ZIP CODE <b>29650</b>		PATROL DISTRICT <b>03A</b>			
	VICTIM (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:										COMPLAINANT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>									
	TWO-MAN VEN. <input type="checkbox"/> ONE-MAN VEN. <input type="checkbox"/> DETECTIVE COMPLAINT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J. THIS JURISDICTION S. STATE S. OUT OF STATE U. UNKNOWN																			
SUBJECT	SUSPECT NAME (LAST, FIRST, MIDDLE) <b>COBIN, JOHN, MACAREWICH</b>										RACE <b>W</b>		SEX <b>M</b>		AGE <b>43</b>		DATE OF BIRTH <b>03/10/63</b>		HEIGHT <b>603</b>	
	ADDRESS <b>140 SUN MEADOW RD.</b>										CITY <b>GREER</b>		STATE <b>SC</b>		ZIP CODE <b>29650</b>		PATROL DISTRICT <b>03A</b>			
	FACIAL MAP GLASS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES, ETC. <b>SCDL:</b>										ARRESTED REAR OFFENSE SCENE <input checked="" type="checkbox"/>		DATE/TIME OF OFFENSE <b>11/4/06 0933</b>		DATE OF ARREST <b>11/4/06</b>					
	ARRESTED (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:										ARRESTED ON CURRENT OFFENSE <input type="checkbox"/> CLEARED BY ARREST ON PRIOR OFFENSE <input type="checkbox"/>									
NARRATIVE	INVESTIGATION: 1. <input type="checkbox"/> HANDLED, RELEASED <input type="checkbox"/> REFERRED TO OTHER AUTHORITY <input type="checkbox"/>										NON-WARRANT <input type="checkbox"/> WARRANT <input type="checkbox"/> CHETIVITY									
	CHARGE <b>CRIMINAL DOMESTIC VIOLENCE 1ST</b>										WARRANT # <b>1-797216</b>									
	Arrest Location: <b>821 S. BATESVILLE RD. GREER, SC</b>										CVS PHARMACY									
	MYSELF AND DEPUTY COLLING (C14) RESPONDED TO 1524 PERDITA WAY IN REFERENCE TO A DOMESTIC DISTURBANCE.										WHILE EN ROUTE DISPATCH ADVISED THAT THE SUSPECT WAS LEAVING THE APARTMENT WITH THEIR INFANT CHILD IN A BLACK VOLVO. A SHORT TIME LATER DISPATCH ADVISED THAT THE VICTIM'S BROTHER, DAVID LONG, WAS BLOCKING THE SUSPECT'S VEHICLE AT S. BATESVILLE RD. AND THE PARKWAY. DISPATCH ADVISED THE SUSPECT WHO ALSO CALLED 911 AND THE COMPLAINANT TO PULL INTO THE CVS AT THE INTERSECTION AND WAIT FOR									
VEHICLE	JURISDICTION OF THEFT: <input type="checkbox"/> XX										JURISDICTION OF RECOVERY: <input type="checkbox"/> XX									
	YEAR <b>2261CU</b>										STATE <b>SC</b>									
	YEAR <b>07</b>										YEAR <b>07</b>									
	YEAR <b>01</b>										YEAR <b>01</b>									
PROPERTY	MADE <b>VOLVO</b>										MODEL <b>S80</b>									
	YEAR <b>01</b>										YEAR <b>01</b>									
	YEAR <b>01</b>										YEAR <b>01</b>									
	YEAR <b>01</b>										YEAR <b>01</b>									
ADMIN	ADDITIONAL VEHICLE DESCRIPTION										ADDITIONAL VEHICLE DESCRIPTION									
	Status										Status									
	Property Type										Property Type									
	Quantity										Quantity									
Property Make										Property Make										
Color										Color										
Description										Description										
Serial #										Serial #										
Value										Value										
SUBJECT IDENTIFIED										SUBJECT LOCATED										
YES <input type="checkbox"/> NO <input type="checkbox"/>										YES <input type="checkbox"/> NO <input type="checkbox"/>										
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENSE DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> VICTIM DECLINES COOPERATION 4. <input type="checkbox"/> ACTION DENIED 5. <input type="checkbox"/> AVOIDS NO ARREST										REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENSE DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> VICTIM DECLINES COOPERATION 4. <input type="checkbox"/> ACTION DENIED 5. <input type="checkbox"/> AVOIDS NO ARREST										
REPORTING OFFICER (e)										DATE										
J.D. REDMAN *821										11/4/06										
C 33										C 33										
FOLLOWUP INVESTIGATION										FOLLOWUP INVESTIGATION										
YES <input type="checkbox"/> NO <input type="checkbox"/>										YES <input type="checkbox"/> NO <input type="checkbox"/>										
DATE										DATE										
11/4/06										11/4/06										

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OF		AGENCY I.D.	GREENVILLE COUNTY SHERIFF'S OFFICE		CASE NUMBER						
		8C0230000	SUPPLEMENTAL REPORT		06000142459						
<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> STATUS CHANGE	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	INCIDENT TYPE: CRIMINAL DOMESTIC VIOLENCE 1ST							
<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> OTHER REPORT	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	PATROL DISTRICT: 03A	PAGE: 2	OF 3 PAGES					
I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT						
	<input type="checkbox"/> VICTIM #	SEE PAGE ONE CODE 5			#1 #2 #3						
	<input type="checkbox"/> SUBJECT #	ADDRESS			CITY						
	<input type="checkbox"/> RUNAWAY	HEIGHT			WEIGHT						
	<input type="checkbox"/> WANTED	HAIR			EYES						
	<input type="checkbox"/> WARRANT	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO.	<input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES	<input type="checkbox"/> VICTIM USED ALCOHOL	<input type="checkbox"/> TWO-WAY VEHICLE					
	<input type="checkbox"/> MISSING	<input type="checkbox"/> EXPLAIN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
	<input type="checkbox"/> JAIL	<input type="checkbox"/> SUBJECT NO.	<input type="checkbox"/> USING ALCOHOL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> UNK					
	<input type="checkbox"/> OTHER	<input type="checkbox"/> USING DRUGS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> TYPE:	<input type="checkbox"/> UNK					
ARRESTEE ARMED <input type="checkbox"/> YES <input type="checkbox"/> NO WEAPON TYPE:				<input type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY							
JUVENILE DISPOSITION: 1. <input type="checkbox"/> HANDLED, RELEASED <input type="checkbox"/> REFERRED TO OTHER AUTHORITY											
Arrest Location:											
US TO ARRIVE.											
I MET WITH THE SUSPECT AND COMPLAINANT AT THE CVS AT 821 S. BATESVILLE RD. AND DEPUTY COLLING (C14) MET WITH THE VICTIM AT HER APARTMENT.											
THE SUSPECT, JOHN COBIN, SAID THAT THIS MORNING HE CALLED HIS WIFE, LESLE COBIN, AND ARRANGED TO PICK UP THEIR 6 MONTH OLD SON. HE SAID THAT HIM AND HIS WIFE HAVE BEEN SEPARATED SINCE LATE JULY OF THIS YEAR. HE SAID HE ARRIVED AT HER APARTMENT AND SHE ASKED HIM TO COME INSIDE. HE SAID THAT THEY BEGAN TO DISCUSS SOME LIENS AND OTHER FINANCIAL ISSUES AND HIS WIFE BECAME UPSET. HE SAID THAT HE HAD THE BABY CARRIER IN HIS HAND AND TOLD HER THAT HE WANTED TO SEE HIS SON TOMORROW AT 4:00 P.M. HE SAID THAT SHE TOLD HIM NO AND PULLED ON THE BABY CARRIER. HE SAID ONE TIME THAT HE OVERPOWERED HER AND PUSHED HER DOWN AND KEPT CONTROL OF THE BABY CARRIER. A DIFFERENT TIME HE SAID THAT SHE PUSHED HIM IN THE CHEST FIRST WHILE SHE WAS HOLDING ONTO THE BABY CARRIER AND HE THEN PUSHED HER DOWN AGAINST THE COUCH. HE SAID THAT HE THEN SAW HER GRAB SOMETHING AND HE TOOK IT FROM HER. HE SAID THAT IT WAS THE PHONE AND HE SET IT DOWN OUTSIDE AS HE LEFT WITH THE BABY.											
THE SUSPECT SAID THAT HE DID NOT HAVE ANY VISIBLE INJURIES AND DID NOT NEED 911. HE ALSO SAID THAT THE INFANT WAS NOT INJURED DURING THE FIGHT.											
I CONTACTED DEPUTY COLLING (C14) AND HE ADVISED ME THAT THE VICTIM HAD BRUISES ON HER.											
VEHICLE	<input type="checkbox"/> STOLEN	TAG NUMBER	STATE	YEAR	V.I.N.	VALUE					
	<input type="checkbox"/> RECOVERED	YEAR	MAKE	MODEL	STYLE	COLOR					
<input type="checkbox"/> SUSPECT	ADDITIONAL VEHICLE DESCRIPTION										
<input type="checkbox"/> VICTIM	TAG ONLY										
PROPERTY	Status	Property Type	Quantity	Property Marks	Color	Description	Serial #	Value			
ADMIN	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ARREST, CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> RE-CLEARED UNDER 18 <input type="checkbox"/> RE-CLEARED 18 AND OVER		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO								
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH, 2. <input type="checkbox"/> NO PROSECUTION, 3. <input type="checkbox"/> VICTIM DECLINES COOPERATION 4. <input type="checkbox"/> EXTRADITION DENIED 5. <input type="checkbox"/> JUVENILE-NO ARREST				APPROVED OFFICER		DATE		Init/Em/		
	REPORTING OFFICER(D)		DATE		C 33		FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				
J.D. REDMAN *821		11/04/06		C 33				11/4/06		CR	

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OF	AGENCY I.D. SC0230000	<b>GREENVILLE COUNTY SHERIFF'S OFFICE SUPPLEMENTAL REPORT</b>	CASE NUMBER <b>06000142459</b>
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> STATUS CHANGE <input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> OTHER REPORT <input type="checkbox"/> ADDITIONAL OFFENDERS <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		INCIDENT TYPE <b>CRIMINAL DOMESTIC VIOLENCE 1ST</b> PATROL DISTRICT <b>03A</b> PAGE <b>3</b> OF <b>3</b> PAGES	
RIGHT SHIN AND RIGHT BICEPS AREA. HE SAID THAT THE VICTIM'S RIGHT ANKLE WAS SLIGHTLY SWOLLEN AND BRUISED AS WELL. HE SAID THE VICTIM HAD REDNESS AROUND HER THROAT BUT NO BRUISING WAS VISIBLE. HE SAID THE VICTIM STATED SHE WAS PUSHED HER DOWN AND GRABBED HER BY THE NECK BEFORE HE LEFT WITH THEIR INFANT CHILD.  DEPUTY COLLING (C14) TOOK A WRITTEN STATEMENT FROM THE VICTIM. HE ALSO GAVE THE VICTIM A COPY OF THE VICTIM RIGHTS FORM AND DOMESTIC ABUSE FORM AND SHE SIGNED BOTH FORMS. DEPUTY COLLING (C14) SAID THE VICTIM REFUSED EMS AND SAID SHE WOULD HAVE HER BROTHER TAKE HER TO THE E.R.  DEPUTY COLLING (C14) ARRIVED AT CVS AND I PLACED THE SUSPECT UNDER ARREST WITHOUT INCIDENT. THE VICTIM ARRIVED AT THE SCENE AND TOOK CUSTODY OF THEIR INFANT SON. THE SUSPECT'S SON ALSO ARRIVED AND TOOK CUSTODY OF THE SUSPECT'S CAR.  FORENSICS INVESTIGATOR OGLE (930) RESPONDED TO THE VICTIM'S APARTMENT AND TOOK PHOTOGRAPHS OF HER INJURIES.  THE SUSPECT WAS NOT LISTED ON N.C.I.C AND DID NOT HAVE ANY ACTIVE WARRANTS WITH THIS AGENCY.  I REQUESTED A CRIMINAL HISTORY FROM DISPATCH AND THE SUSPECT DID NOT HAVE ANY PRIOR CONVICTIONS FOR CRIMINAL DOMESTIC VIOLENCE.  I TRANSPORTED THE SUSPECT TO DETENTION WITHOUT INCIDENT.  AT DETENTION I MET WITH JUDGE FISHER AND OBTAINED WARRANT #: 1-797216 FOR CRIMINAL DOMESTIC VIOLENCE 1ST. I CONTACTED THE VICTIM AND SHE ARRIVED AT DETENTION FOR THE BOND HEARING. THE SUSPECT WAS ARRAIGNED BY JUDGE FISHER AND HIS BOND WAS SET AT \$2,500/5,000. I PLACED THE SUSPECT IN DETENTION IN GOOD CONDITION.  I PLACED MY IN CAR VIDEO TAPE OF THE INCIDENT IN PROPERTY & EVIDENCE.			
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 2px; margin-right: 5px;">NARRATIVE</div> <div style="flex-grow: 1;"></div> </div>			
ADMIN	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADMA CLOSED
	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 19 <input type="checkbox"/> EX-CLEARED UNDER 19 <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEARED 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH    2. <input type="checkbox"/> NO PROSECUTION    3. <input type="checkbox"/> VICTIM DECLINES COOPERATION    4. <input type="checkbox"/> EXTRADITION COMPLETED    5. <input type="checkbox"/> JUVENILE, NO ARREST		
	APPROVED CHARGE REPORTING OFFICER(S) <b>J.D. REDMAN *821</b> DATE <b>11/4/06</b> UNIT / STAR # <b>C 33</b> DATE <b>11/4/06</b> UNIT / STAR # <b>22</b>		

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